

ATTACHMENT E

MINIMUM REQUIREMENTS

SHBP Direct Award Proposal

Instructions: To be considered responsive, responsible and eligible for consideration, you must demonstrate your understanding and agreement with each of the following requirements that govern this Direct Award proposal. Section 1 includes Terms and Conditions. Section 2 covers required capabilities. The responding organization must indicate compliance with each statement by checking the "AGREE" box and must provide an authorized signature attesting to the completeness and accuracy of the responses. Failure to check any "AGREE" box will prevent submission of a response.

	Agree	Section 1: Terms and Conditions
1		The census data and other data provided in connection with this Direct Award document do not reflect current data and are provided for the purpose of Offeror's development of a response. DCH reserves the right to modify any estimated requirements prior to signing the agreement with the selected organization. No prospective health plan shall have a claim on DCH in the event that any estimated requirements are modified for whatever reason.
2		DCH assumes no obligation regarding confidentiality of all or any portion of a proposal or any other material except that any portion that a responding organization clearly designates as containing trade secrets and proprietary information by indicating "trade secret" in the section will be handled in accordance with the Open Records Act's requirements upon the organization's submission of an affidavit supporting that statement, which affidavit must meet the requirements of the Open Records Act. Additionally, any portion marked that contains such proprietary information. In such event, the sole responsibility of DCH shall be limited to maintaining confidentiality of such information to the same extent that it maintains its own proprietary information.
3		Prior to the due date of this proposal, DCH may modify this Direct Award proposal by issuance of one or more addenda or amendments. It is the Offerors' responsibility to monitor the DCH Web site for the most current Direct Award information.
4		DCH reserves the absolute right to withdraw this Direct Award proposal by written notice or to reject any or all proposals submitted in response to this request. DCH further reserves the right to accept proposals from and award business to one or more prospective health plans or to decide not to award business to any prospective health plan. DCH shall not incur any

		liability whatsoever by reason of such withdrawal, rejection, or acceptance.
5		By submitting an offer in response to this Direct Award Request, an Offeror, if selected for award, shall be deemed to have accepted the terms of this Direct Award and the Contract, attached as Attachment A. A proposal that takes exception to these terms may be rejected.
		Section 2: Health Plan Capabilities
6		Your health plan is a Georgia licensed Health Maintenance Organization (HMO).
7		Your HMO approved service area includes the Atlanta Service area (as defined in Attachment B).
8		Your organization has the capability to fully implement services by the January 1, 2014 effective date.
9		Your proposal/offer assumes that active employees, pre-65 retirees and post 65 retirees will be eligible for coverage.
10		Your organization's senior management will provide significant support to ensure high quality service (e.g., availability to participate in quarterly meetings).
11		Your organization has the ability to administer requested plan designs and ability to adopt ongoing plan design changes.
12		Your organization can produce positive references for account management and service representatives.
13		Your organization offers effective customer service, claim and eligibility systems.
14		Your organization has the ability to assign a non-SSN based unique identifier on Client ID card.
15		Your organization is willing to fund annual claims and clinical audits.
16		Your organization is willing to provide dedicated account management and clinical teams.
17		Your organization understands that it must comply with the Contract (including all Exhibits and Attachments) and that all requirements set forth in the Contract constitute minimum requirements.

COMPANY NAME:		
AUTHORIZED SIGNATURE :		Date:
PRINT NAME		Title: